Environmental Tobacco Smoke:
Knowledge, Attitudes, Perceptions, and Behaviors of Louisiana Residents

A Qualitative Research Study

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Table of contents

List of tables

List of figures

Executive summary.

Background.

Environmental tobacco smoke (ETS) has been associated with sudden infant death syndrome (SIDS), asthma development and exacerbation in both children and adults, upper respiratory disease, lung cancer, and cardiovascular disease. Tobacco smoking has been associated with a multitude of adverse health effects, including cardiovascular disease, lung cancer, chronic upper respiratory disease, other cancers, and more. In view of the negative health consequences of smoking—both to the smoker and to those exposed involuntarily to the cigarette smoke—extensive public health, legal, and legislative activities have and continue to be conducted in order to reduce second hand smoke (ETS) and primary smoking.

The objective of this study was to conduct formative research regarding the knowledge, attitudes, perceptions, and behaviors about ETS among residents of Louisiana and, based on this research, suggest approaches to developing media campaigns to reduce ETS. Results of this study will be used to identify media strategies to improve smoker and non-smoker behaviors to reduce ETS.

Methods.

In order to meet these objectives, 16 focus groups were conducted throughout Louisiana. Focus groups were audiotaped, transcribed, and their content systematically analyzed using qualitative methods.

Findings

Ninety-three subjects participated in the 16 focus groups. The majority of the participants was female (63.7%), non-white (58.1%), either divorced, widowed, or had single marital status (73.0%), homeowners (45.7%), employed (68.5%), and had a high school degree or higher (85.9%). More than a third (37.7%) had children. More than three-quarters (76.3%) had ever tried smoking, and 41.9% were current smokers.

Knowledge
Participants were not sufficiently familiar with the concept of ETS, frequently mistaking synonyms for ETS; the most common term used was “second hand smoke.” While individuals in each of the focus groups were able to correctly identify actual health effects of ETS, their confidence in their knowledge was minimal, and many were not even aware of the specific health effects of ETS or the causal mechanism of these effects. Many did not believe/understand that ETS could actually be as or more dangerous than primary cigarette smoking. Participants did characterize the dangers of ETS as increasing with decreasing locus of control of the exposed person. For example, infants were identified as

being more at risk of ETS due to their inability to remove themselves from the exposure. The primary source of information regarding ETS was diffuse: individuals, doctor's offices, and general media. No specific source of ETS information was identified.

Attitudes

Participants voiced strong attitudes regarding ETS. Many were not wholeheartedly convinced of ETS as a health risk and felt that the media, statistics, and/or public health at large could be responsible for the "creation" of ETS as a risk factor for health effects. This has direct bearing on the ways in which we should communicate them to the public. There was some, but not a great deal, of tension between smokers and non-smokers with respect to ETS, particularly in eating establishments: smokers feel they deserve the right to smoke if they are paying for a meal, while non-smokers feel they deserve the right to eat in a smoke-free environment. Bars, however, were viewed by smokers and non-smokers alike as a place in which smoking should not be regulated. While most participants believed that some regulation of smoking in public places is reasonable, almost no one was in favor of legislation banning smoking in public places, such as that in California. Enforcement was viewed as the duty of everyone from the individual, to the local health department, physicians, managers and security personnel, to the local government, to the federal government.

Perceptions

Participants voiced considerable compassion for smokers and their addiction to cigarettes, recognizing the enormous drive to smoke and the difficulties with smoking cessation. Simultaneously, non-smokers sometimes did have criticisms of the personality traits of smokers, characterizing them unfavorably in relation to their smoking habit. Not surprisingly, smokers articulated a feeling of persecution by both non-smokers and society at large. Combined with this was a sense of injustice to people with the fewest economic resources: those people were felt to have the greatest stress and most need cigarettes as stress-relievers, to have the fewest resources to purchase smoking cessation aids, and to bear the biggest cigarette sales tax burden. This extended globally as well, with the frequent comment that decreases in cigarette consumption in the United States is compensated for in developing nations without the safeguards of public health.

Behavior

Three categories of behaviors for non-smokers emerged: avoidance, assistance, and direct action. Avoidance refers to not going places where there is ETS or, once presented with ETS, leaving. Assistance is when help is enlisted in getting the smoker to remove himself from the proximity of the non-smoker. Direct action is when the non-smoker asks the smoker directly (using verbal or non-verbal cues) to stop smoking. Barriers to these behaviors include fear and not wanting to feel uncomfortable; facilitators include reciprocally respectful behavior towards the smoker and the non-smoker. Barriers for smokers to reduce ETS include the

feeling of being viewed negatively and discourteous behavior from non-smokers; facilitators include respectful behavior on the part of non-smokers and increased knowledge about the risks of ETS. Media aimed at modeling avoidance, assistance, and direct action behaviors for non-smokers and increasing knowledge among smokers will be useful in reducing ETS.

The relationship between respect and the sense of control emerged as a strong theme in all the focus groups. For non-smokers, when they feel in control of their ability to reduce their own ETS exposure, respectful behavior towards the smoker resulted. However, as their sense of control diminished, their behavior became less respectful. Given that smokers indicate courtesy and respect in the behavior of non-smokers as key elements in their decision to stop smoking or to move their smoking, this is essential to understand.

Communication

Participants felt very strongly that increased information regarding the health effects of ETS needs to be disseminated. This should be done in one of two ways: either by a reliable, respectable medical or scientific source (actual, not an actor) who describes studies and data in a truthful and easy-to-understand way or through a campaign modeled on the Truth campaigns. Respect was also a repeated theme; behaviors which model mutual respect may be more effective at teaching smokers to reduce ETS and non-smokers to take direct action towards its reduction than a more hostile or confrontational approach.

Suggested media campaign

These findings suggest a media campaign with two components: knowledge—what ETS is and what its effects are—and behavior—how smokers and non-smokers can reduce ETS in their personal, recreational, and professional lives. Because there appears to be a relatively poor knowledge base about the effects of ETS, the first is necessary to lay the foundation for the second. First teach why ETS is unhealthy (and assist residents to believe it) and then teach behaviors to reduce ETS.

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Study purpose.

Environmental tobacco smoke (ETS) has been associated with sudden infant death syndrome (SIDS), asthma development and exacerbation in both children and adults, upper respiratory disease, lung cancer, and cardiovascular disease. Tobacco smoking has been associated with a multitude of adverse health effects, including cardiovascular disease, lung cancer, chronic upper respiratory disease, other cancers, and more. In view of the negative health consequences of smoking—both to the smoker and to those exposed involuntarily to the cigarette smoke—extensive public health, legal, and legislative activities have and continue to be conducted in order to reduce ETS and primary smoking.

The objective of this study was to conduct formative research regarding the knowledge, attitudes, perceptions, and behaviors about ETS among residents of Louisiana and, based on this research, suggest approaches to developing media campaigns to reduce ETS. Results of this study will be used to identify media strategies to improve smoker and non-smoker behaviors to reduce ETS.

Methods.

In order to meet these objectives, 16 focus groups were conducted throughout Louisiana. The following sections describe staff training, instrument development, methods of implementation, and protection of research subject rights used in the study.

Staff training.

Prior to study implementation, all staff members participated in a three-day intensive training workshop. Each staff member received training materials which included excerpts from graduate texts on qualitative research, articles, and guidelines on focus group conduct. The training session included basic information about ETS and smoking, including adverse health risks of each and public health implications, a thorough discussion of the study questions and objectives, skills building for moderator, notetaker, and other study staff, and a discussion of the job requirements of the study on the staff. In addition, Drs. Edward and Patricia Morse—behaviorists who have conducted a large body of research on high risk behaviors (including smoking) and experts in qualitative research methods—conducted several focus group role playing exercises. Staff members took turns acting as moderator, notetaker, and participants in order to

gain experience in focus group methodology. In addition, Drs. Morse and Morse assisted the staff to articulate their own biases regarding smoking and ETS, which allowed them to confront their own ability to conduct focus groups in an unbiased fashion. This was paired with a discussion on the importance of reducing bias and methods to ensure that the staff's views did not contaminate the group. Prior to focus group implementation, staff members role played with the actual focus group guide (Appendix A).

Focus group guide development.

Development of the focus group instrument (Appendix A) took place over a six-week period. Staff members independently listed multiple questions to address the research objectives comprehensively. Each staff member's questions were submitted to the coordinator for review and all questions were compiled. Staff then met to discuss each question, its merits and flaws, and questions were selected. Each staff member then reviewed and revised the guide, brought it back to the group, which revised it again. The guides were finalized and implemented after five iterations. They were revised once more following the first eight ETS focus groups in order to improve the depth of data obtained on several themes.

Initially, there were to be two elements of the ETS focus groups: formative research to elucidate knowledge, attitudes, perceptions, and behaviors about ETS to be followed by pre-testing of commercials to reduce behavior that contributes to ETS. Following the analysis of the first eight formative focus groups, it became clear that additional research was required to achieve saturation of themes, understand participant knowledge, attitudes, perceptions, and behaviors regarding ETS. As a result of this, in concert with the Louisiana Office of Public Health, study staff decided to continue with the formative research for the remaining eight groups. The focus group guide was modified to ascertain information about concepts that remained unclear. For example, statistics about the health effects of ETS were added at the end to identify how participants reacted to the presentation of knowledge about ETS. Several questions regarding enforcement of regulations of ETS were eliminated, and questions about individual smoking history were eliminated, in order to reduce the blurring between primary and second hand smoking.

A brief, anonymous, close-ended (quantitative) survey was developed in a similar fashion. (Appendix B.) The goal of this survey was to gather data on demographic and smoking behavior data of the participants.

Focus group implementation.

All focus groups were conducted in a similar manner. The coordinator identified sites for the groups and recruitment assistance from contacts held by the contractor (Tulane University School of Public Health and Tropical Medicine) and

the Louisiana Office of Public Health. Once site locations were established, the coordinator worked in concert with the site staff to recruit participants. Flyers [approved by the Tulane University School of Public Health and Tropical Medicine Institutional Review Board (IRB)] distributed at the sites and potential participants were given reminder cards. Recruitment was non-random and was conducted at the discretion of the site staff and study staff. Both smokers and non-smokers were invited to participate.

To provide input of Louisiana residents from both rural and urban areas, multiple locations were selected. Study staff traveled to focus group locations to conduct the studies. Due to their range of racial and socioeconomic composition, the following locations in Louisiana were selected: New Orleans, Lafayette, Monroe, Baton Rouge, Lake Charles, and Slidell (Appendix D).

As the focus groups began, study staff served food and allowed the group to get comfortable with each other and with them. Each room was set up with two tape recorders, to ensure that at least one tape would function. During the focus groups, one person acted as the moderator and one as the notetaker. Moderators were responsible for providing ground rules (Appendix A) leading the discussion, following the focus group instrument as a guide. Notetakers took notes regarding non-verbal communication of participants, perceptions, extra observations, and key phrases. The notetaker was also allowed to ask questions of the participants, under the moderator's guidance. Each focus group lasted between one and one and one-half hours. At the completion of each session, participants were asked if they had questions or comments. They were then given fact sheets (if they desired them) regarding smoking cessation and ETS and other educational literature. Finally, each participant was given a $10.00 giftcard to either Walmart, Winn Dixie, or Walgreens, depending on the location of the group. Site recruiters were also given a $10.00 giftcard or another incentive (e.g., basket of cookies) for participation.

Following completion of the focus groups, the notetakers transcribed the tapes as soon as possible and within two weeks. These transcripts were then analyzed, as described in the analysis section below.

Protection of human participants.

All elements of this study and its conduct were approved prior to implementation by the approved by the Tulane University School of Public Health and Tropical Medicine Committee on Use of Human Subjects (IRB). All participants were asked to sign the IRB-approved informed consent form prior to participating.

Analysis.

Univariate analysis of the quantitative survey was conducted to describe the demographic and behavioral characteristics of the participants. To evaluate the

transcripts, a multi-step process was used. The text formatting was cleaned and organized to provide consistency in format. All texts were left verbatim. The transcripts were then carefully read in their entirety multiple times. Every statement was then coded for overall concept, using the broad categorizations seen in the conceptual framework in the results section. (Broad categories included concepts such as "knowledge.") The transcripts were then further coded with a second layer of coding, breaking down each concept into subcategories. (Secondary concepts included those such as "source of knowledge," "knowledge about health effects," "knowledge about non-health effects.") A third coding process then elucidated the specific types of response categories within the subcategories and categories. This information was both coded directly into the text (and then sorted) as well as yielding the conceptual framework. After each iteration, the person conducting the analysis (MM) discussed it at length with several staff members (GB, CE, LM, and DM) to ensure that the framework corresponded to their perceptions during the focus groups. Once sorted, select phrases were extracted to highlight the themes which correspond to the research questions and other relevant topics.

The qualitative results are presented in the form of representative excerpts of text. These excerpts illustrate the consensus of the groups and overall saturation of themes. In addition, particularly poignant statements are provided. The results are grouped into five domains: *Knowledge*, *Attitudes*, *Perceptions*, *Behaviors* and *Communication*. *Knowledge* refers to knowledge about ETS and its health (and other) effects; *Attitudes* refer to subject attitudes about ETS regulation, enforcement, and addiction to cigarettes as a whole; *Perceptions* refer to how ETS is perceived and personal experiences with ETS; *Behaviors* refer to individual actions undertaken or suggested by participants; and *Communication* refers to subject suggestions about how to effectively communicate the dangers of ETS and ways to reduce it to the public.

Results.

Characteristics of sample.

As displayed in Table 1 below, the majority of the participants was female (63.7%), either divorced, widowed, or had single marital status (73.0%), homeowners (45.7%), employed (68.5%), and had a high school degree or higher (85.9%). The majority of the sample was non-white (58.1%). More than a third (37.7%) had children. More than three-quarters (76.3%) had ever tried smoking, and 41.9% were current smokers.

Table 1. Demographic characteristics and smoking behaviors of participants (n=93)

	n	%
Gender*		
Male	33	35.5
Female	58	62.4
Current marital status		
Single	37	39.8
Married	21	22.6
Divorced/separated	24	25.8
Widowed	4	4.3
Unmarried but living with partner	3	3.2
Race		
White/Caucasian	39	41.9
Black/African-American	54	58.1
Residential status		
Own home	42	45.2
Rent home	17	18.3
Rent apartment	21	11.8
Other	2	2.2
Number of people living with participant		
Lives alone	22	23.7
1-2	45	48.4
3-4	21	22.6
>4	2	2.2
Lives with children (<18 years)		
Yes	40	43.0
No	53	56.9
Employed		
Yes	63	67.7
No	29	31.2
Highest grade completed in school		
Less than high school degree	13	13.9
High school degree or higher	73	78.5
Ever smoked		
Yes	71	76.3
Of people who reported ever smoking, number stating they still smoke	39	41.9
Of people who reported ever smoking, number stating they ever tried to quit	56	60.2
Live with a smoker*		
Yes	30	32.3
No	60	64.5
Employed in the health care field		
Yes	35	37.6
No	52	55.9

*In the case of smokers, live with smoker other than self.

Knowledge.

This section will discuss the knowledge base of participants regarding ETS: what it is called, what and where it is, what its dangers are, sources of information, and potential causal mechanisms of the dangers of ETS. This

information is crucial in order to understand what Louisiana residents know—and do not know—about ETS.

Terminology

Not all subjects had heard specifically about ETS, and many were unfamiliar with the terminology surrounding it. The term "second hand smoke" was the most commonly used term:

> "Second hand smoke. I don't think I have heard people call it anything else."

ETS was not used once as a term, and the term "passive smoking" actually was misinterpreted in several ways:

> [When asked what the term "passive smoking" meant to participants:]
>
> "To me it didn't really say what passive… its like its passé, it didn't matter.. the danger… "
>
> "Maybe like social drinking, like maybe like passive smoking. Maybe not being a three pack a day smoker, maybe being a light smoker."
>
> "You just want to smoke…"
>
> "That's a chain smoker…"
>
> "Passive means you got to have [cigarettes]"
>
> "Would it be like smoke you think is not as bad as a cigarette's smoke you smoke a cigar or something like that?"

Effects of ETS

While many of the subjects were able to identify specific adverse health effects of ETS, others only knew about ETS in a vague sense and others still were aware of it only minimally. Cancer, cardiovascular disease, pulmonary disorders such as asthma and bronchitis, and immune system dysfunction were identified in specific by several participants, with others agreeing. Other non-specific health effects of ETS were also discussed. Despite being able to note the presence of and specific health effects of ETS, there was a general lack of knowledge and, more importantly, lack of confidence in their knowledge, about ETS. In several of the groups, participants repeatedly returned to the health effects of cigarette smoking itself, and had to be redirected to those of ETS. No mention was made regarding a dose-response of ETS (e.g., harm increases with amount of ETS exposure). Many participants viewed a significant risk of ETS as aesthetic. ETS

was perceived as smelling bad, soiling linens, surrounding the smoker in foul odors. In many ways, the visceral reaction to this type of effect of ETS was often stronger than that regarding health effects of ETS.

Table 2. Categories of ETS effects

Type of effect	Text
General	"That second hand smoke is unhealthy is common knowledge, the majority of people understand that." "I think that people know that second hand smoke is bad for you. I believe it is, I haven't seen any advertisements about it." "It lowers your immune [system], too."
Pulmonary disease	"Asthma. It would irritate someone with asthma." "Emphysema." "I think I have heard that it deteriorates your lungs. I have never done intensive research on it. But I have heard that it deteriorates your lungs and... It weakens them." "Second hand smoke goes straight to your lungs – the nicotine and carcinogens… affects the same way that smoking affects you." "Lower lung capacity and less stamina." "If they were around a very heavy smoker they could even develop heart obstructive pulmonary disease."
Cancer	"Cancer, the irritation of the smoke. They don't actually know the exact mechanism by which the cancer starts, I don't believe, but it could cause cancer in the non-smokers who are breathing it in, in their nose, throat and lungs." "Lung cancer." "I heard about one couple… the man smoked and the woman didn't. And she is the one who got cancer and dies from cancer and he was fine. That was kind of strange."
Cardiovascular, multiple risks	"Risk of cancer, cardiovascular disease problems." "It causes heart disease too because it restricts the vessels in your heart. It you have a heart problem, it's not going to help you out any – it will cause it to close up tighter."

Chemical	"[In ETS] The nicotine. There are other chemicals too. I've heard of several different chemicals like formaldehyde and all kinds of tars and chemicals other than just the nicotine."
	"Well, reading about… that carbon monoxide is in the cigarette I'm assuming that smokers ingest the carbon monoxide more than other folks do. It's polluting the air, it kind of diminishes the air quality." "How it affects your health, your increased risk of lung cancer and throat cancer, asthma, bronchitis, all your respiratory diseases."
Harm of ETS relative to primary cigarette smoking	"I have heard that it is more harmful than actually smoking yourself..." "Over the years a lot of innocent family members have contracted cancer whereas the person the person that actually smoked the cigarette didn't get the cancer and innocent family members like children were seriously affected by asthma because of the cigarette smoking." "And I would have to say that as a smoker, second hand smoke bothers me more than whenever I smoke myself. It irritates my eyes tremendously. I don't notice it in my lungs, like when I smoke myself. I have really sensitive eyes. Like if I go into a music club or a barroom where everybody's smoking, including myself, it's really the second hand smoke that affects me the greatest and I have to leave."
Personal experiences with ETS	"When I am around it, I have bronchitis." "I almost feel like I am allergic to it." "And I will spit up. It makes your bronchitis flare up bad." "Smell terrible, make me feel choked up, eyes watery, have to get a glass of water, burning up inside of your nose, sinus." "I find if I'm in a room where there is a lot of smoke and there is no ventilation at all, to sit at a table with just one smoker, it's alright, but if there's a bunch of smokers and it's a long period of time, I wake up the next morning like I have a hangover and my head is all stopped up and I have a drugged-out feeling. It does affect me physically."

	"Feels like you're going to choke."
Aesthetic concerns	"Besides the health effects [of ETS] it is just it doesn't smell good. " "[As a result of smoke]…Even though they wash their clothes and they are very clean hygienically themselves, you can walk into a person that smoke's closet and the smell is very strong." "If a smoker has been smoking for a long period of time, even mouthwash won't destroy that odor. " "Well, let me see. I know all you have to do is clean the screen on your television set, if you have two smokers in a combined space and it comes off somewhere between brown and orange and so... its obviously in the cabinets, drapes, hair, clothing." "I worked in a motel, and this is the God's truth. We had some rooms, smoking and non-smoking. The smoking rooms, and we do the walls, and when we get through with the walls, the water is black, coming from the cigarette smoke people smoke in the rooms. When we walk in some of those rooms, you can tell a heavy smoker. When you walk in there, the smoke would hit you, like you had been on drugs for a whole week. " "Personally, I can't take being around smokers, because when I'm away from them, I notice that my clothes stink, my hair stinks, and I won't allow them to smoke in my car because I can't get rid of it. If you go in a smoker's house, you notice that the upholstery and their furniture stinks. To me it's just a very repulsive odor and it makes odor run and my nose run. It just is physically and the odor of it is just awful to me."

Vulnerable populations

In order to better understand how participants viewed the dangers of ETS, they were asked during the focus groups whether there were specific effects on particular group of people, putting certain sub-populations at greater risk of ETS. Participants responded that they were somewhat aware of the increased dangers of ETS to three sub-populations: the young, the old, those persons who are occupationally exposed and cannot remove themselves from the exposure.

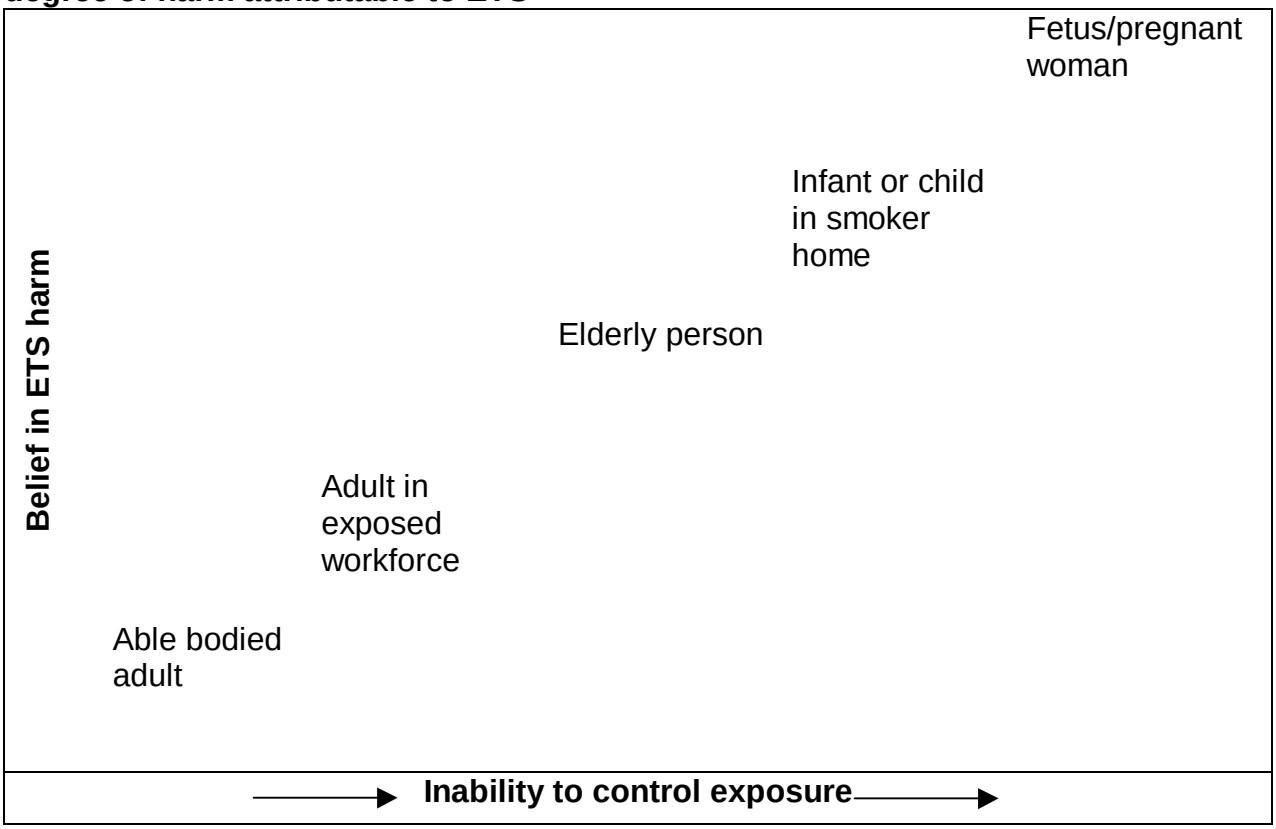
Table 3. Vulnerable sub-populations

Vulnerable sub-population	**Text**
Fetuses	"Unborn children." "Maybe on an unborn child, premature deliveries and stuff like that. I don't know if it has anything to do with it, I guess it would."
Infants	"Well the infants for sure." "Well, they're [infants] small, for one thing. Their little bodies can't handle it... it's one of the risk factors for SIDS." "It [infant exposed to ETS at home] would probably have more ear infections, upper respiratory infections, sinus things…I believe second hand smoke is probably much more dangerous than inhaled smoke." "The asthma one, and bronchitis, and then about babies actually becoming addicted so a lot of that crying and whining at night when smokers have to get up at night to smoke if they're a heavy smoker. When you asked that question it dawned on me, my cousin's daughter was like that. Momma smoked and the daddy smoked. I kept saying when she would come by us at night she would get up crying. She was like 4 or 5. And then all this whining, being irritable, and then I thought about it, that's what it was. She wanted some smoke. And they were in the bedroom with her, both of them smoking. You know what it was like.. That fog. So that's what it was." "I don't know if this is second hand smoke but stunting your growth."
Children	"I have heard that it causes asthma in children that live in it. They smoke in the house and all. And they are sicker

	more. I know my aunt, she didn't realize it until she quit smoking, her children were well more. She finally realized that all that time they were sick all the time because of her smoking in the house." "I've heard that it's extremely detrimental to children, especially babies. With asthma, bronchitis… And some of them end up being dependent on it, in some way or fashion." "I know there are cases where the kid will just get addicted to the nicotine and will grow up in it."
Occupational exposures	"We're talking about health, you consider the exposure. Wait staff, if you would work for a year in a restaurant, you are exposed to a smoking section over and over." "Flight attendants on international flights. Which is kind of the same deal as a restaurant, I mean they contain air, you can't have a non-smoking section of the plane."
Young and old	"Recently the statistics and studies have shown that second hand smoke is very detrimental to non-smokers, especially infants and the elderly."

The seriousness of ETS exposure increased as the ability of the exposed to control (or reduce) his exposure decreased. Thus, children who are constantly exposed to their parents cigarettes are viewed as having more harm result from ETS than a responsible adult who can remove himself from the situation. Figure 1 diagrams this relationship.

Figure 1. Relationship between inability to control ETS exposure and degree of harm attributable to ETS



Knowledge deficits

Though participants were able to articulate some specific health risks of ETS, there remained a general overall of lack of information and, perhaps more importantly, doubt about information that they had received. Participants were not confident about their knowledge. This was demonstrated when participants shared hypotheses by which ETS might be dangerous: while they had good ideas (see table below), they were unsure about the actual mechanism and no one could recall *learning* about the mechanism. In addition, participants—even by those with an adequate knowledge base—doubted the data sources, and many were skeptical about ETS risks, thinking it could be a result of media manipulation or manipulation of statistics. Please see Table 7 in *Attitudes* section for more detail about participant skepticism and cynicism about ETS as a risk factor.

Table 4. Knowledge deficits regarding ETS

Type of knowledge deficit	Text
General lack of knowledge	"I agree that I think there is a general knowledge already existing out there, but we don't know the hard facts." "We don't really know. We have some infants, and they call it a risk factor, but we certainly have mothers and other people who are around infants and those infants will go up to be healthy, and so on, it's a risk factor. I'm sure second hand smoke is a risk factor…you can't say that it's going to definitely cause cancer. " "I was trying to think about those Truth ads to see if they say anything about second hand smoke, and they usually don't, it's usually only about the actual cigarettes, so they're usually not targeting second hand smoke, so, that can't be right." "…I'm not familiar with medically…. It's never crossed my mind that it's [ETS] worse for the smoker than it would be for the other person." "You are at increased risk, you are talking about general population. Somebody is allergic to just about anything somewhere. Some people are not affected, and the thing is you never know who."
Regarding mechanism	"Second hand smoke is unfiltered. It probably has an even more dangerous effect on those people who are breathing it in. It's having a dangerous effect on the smoker who is also going to be breathing it in, but even if you are not smoking, if you choose not to, you are still going to be affected by the smoke going into your lung." "For me, maybe it's all in my head, there's a huge difference between if I'm smoking a cigarette and if I'm not smoking a cigarette. When I wait tables, I'm not smoking obviously, and I go up to a table where everybody is smoking, my eyes start to tear. I say "I'm sorry, let me take your order from over here" whereas if I'm at a bar, I can sit there with my friends, all of us at the table, and I'm not having a problem. Either that says that it's all in my head or that shows the difference between the smoke that comes out of the filtered end versus the other end."

	"The smoke you inhale is more concentrated. When you first light it, it's a dry tobacco. If you watch a cigarette burn, the closer it gets to the butt, the browner it gets. All the nicotine like starts to melt down, you inhale it, as you suck it in, for each draw you take, it gets stronger and stronger, by the time you get to the butt, that's really where it's strong. By the time you blow it out, it's been filtered twice, through this filter and through your mouth. So second hand smoke is not as dangerous, but it is still dangerous." "Because with second hand smoke, the other person is not inhaling through the filter, so this bystander they don't have the filter, so they're getting the full impact of it. More people are coming up with cancer, second hand smokers have cancer than the firsthand smokers with filters." "A clean lung ingests more than a smokers' lung…" "See, I've also heard that [second hand smoke is more dangerous], but that never made sense to me. How could it be more harmful because even with your smoking your own cigarettes, you also get that as second hand smoke on your own cigarette…." "I would think that for smokers it's worse because of the heat factor too. When I was studying anatomy they taught us that the cilia actually burned off of the tubes in their throat that stop the germs from going into their lungs, so it made germs able to enter their lungs, and they had a much higher rate of respiratory disease. Any kind of bacteria could get into their lungs easier." "I have heard of people ending up with smoke related cancers that have never smoked. I've never really heard of somebody that had throat cancer that never really smoked."

Where ETS is encountered

ETS was most frequently noted to be encountered in the following places. Despite the knowledge deficits discussed above, participants were well aware of where they encountered ETS most in their own personal experiences. Thus, this is knowledge of a basic element of ETS—that is, where it is and what causes it—accompanying other ETS risk information which may not have been incorporated.

Table 5. Where ETS is encountered

Type of location	Text
Eating establishments	"Bars." "Restaurants." "Coffee shops." "In Louisiana, it's so much more prevalent. I mean I've seen people smoke in the *[local market]*, it's probably illegal but it happens." "I saw a guy cutting meat in a deli. You could see him through the window, cutting meat. He looked up and had the cigarette hanging out and his ashes, and I'm going 'Oh..' [laughing] and I know it's definitely against the rules." "Smoking section of a restaurant."
Workplaces and other public places	"Work environment. Some work environments allow you to smoke." "Casino. Some gambling casinos allow you to smoke." "I take Amtrak. And you can smoke in cars. My brother smokes and I couldn't stay in the car. It was blue. I had to get up and leave. There were so many people and they were all smoking away. And the air was just blue with smoke." "Some of the airports." "*[Name of dialysis center]* where my aunt takes dialysis. They smoke out and they shouldn't be smoking they tell them but they will go outside and smoke outside the door. But you gotta walk through the smoke, where they are smoking, to get to the door." "I stopped going to bingo, because it was just a cloud of smoke." "The doorways and stairways to certain buildings, because smokers aren't allowed to smoke in public buildings, so now they hang out around the doors. You're waiting for the bus, you have to stand there. You have to inhale the second

	hand smoke or miss your bus." "The Superdome is almost infamous for the big clouds at the top of the dome." "They have smoking at the Jazz Festival."
Personal property	"When you are at someone's house for a party." "Cars. Cars are bad."

Sources of ETS information

Elucidating the sources of information about ETS was somewhat difficult as many confused their source of primary smoking information with that about ETS. What they did know about ETS emerged from several key sources.

Table 6. Sources of ETS knowledge

Source of knowledge	**Text**
Doctor's offices	"I probably see it when you are sitting in the doctor's office and they have those little things on TV that you are watching, and they have it on, something like that, infomercials or whatever it's called."
Other people	"From other people that don't smoke." "Just hearing other people….would say more friends than experts."
School	"Health class. High school."
Media (television, radio, internet)	"Media." "TV, sometimes radio." "I was trying to think about those truth ads to see if they say anything about second hand smoke, and they usually don't, it's usually only about the actual cigarettes, so they're usually not targeting second hand smoke, so, that can't be right."

	"I'm from California, so I got a large dose of second hand smoke and I saw it on the TV and magazines, so forth, the whole thing when they did away with it in bars and everything."

When asked about sources of information regarding ETS, the only *specific* source of information that was mentioned was Truth campaign: an anti-(primary) smoking commercials; no one could identify any *specific* source of information regarding ETS.

Response to ETS statistics

In the second phase of the ETS focus groups, several statistics were selected to show participants at the end of the sessions, to elicit their reactions:

Health effects on children:
- There are 1,900 to 2,600 SIDS (Sudden Infant Death Syndrome) deaths attributed to ETS each year
- Asthma: 8,000 to 26,000 new cases of asthma per year and 400,000 to 1,000,000 exacerbations.

Health effects on adults:
- 3,000 deaths per year due to lung cancer.

[Participants were told these were just a few selected adverse health events.]

Reactions to the statistics on risks associated with ETS ranged from surprise that the numbers were so low, to disbelief, to responses about whether the statistics would be useful in communicating dangers of ETS to society-at-large:

> "Actually the 3,000 deaths, when you figure that we're a nation of 270 million, I am assuming that this is the United States.... 3,000 is actually a very small number. Of course, for those 3,000, it's significant. I'm just struck that it's a relatively small number."
>
> "About the crib deaths? I don't particularly feel that way because most mothers are very protective of their babies, and they wouldn't be smoking around them. Mothers would protect their babies. I've known women who have had babies where if they thought you smoked they wouldn't let you in their house. Not after they had a baby, and if they smoked before they had a baby, they do not smoke around their baby, they do not allow anybody else to do it. And crib deaths have been going on for a long time. And the

numbers are just too much for me to think that, that many mothers would smoke around their infants or let anybody else smoke around them."

"I think the range is a little out of control. But obviously it is a lot and proves that second hand smoke does have effects besides the immediate coughing and your eyes watering. There are some serious health affects that can be fatal or significantly alter the quality of health."

"The others I expect but the SIDS death I had no idea."

"I wouldn't say that the second hand smoke caused the asthma, but I would certainly think the asthma is worsened by being around second hand smoke.'

"I would tend to believe the asthma numbers before the SIDS, because SIDS has such a big question mark, any time you hear about it as to what caused it. I wouldn't necessarily look at that information and say that's a reason for me to stop smoking. "

The response to these figures was surprising and confirmed that participants were not well aware of these risks of ETS, and that even when presented with the figures, they were somewhat skeptical of their importance or truth-value.

Summary of Knowledge findings

Participants were not sufficiently familiar with the concept of ETS, frequently mistaking synonyms for ETS; the most common term used was "second hand smoke." While individuals in each of the focus groups were able to correctly identify actual health effects of ETS, their confidence in their knowledge was minimal, and many were not even aware of the specific health effects of ETS or the causal mechanism of these effects. Many did not believe/understand that ETS could actually be as or more dangerous than primary cigarette smoking. Participants did characterize the dangers of ETS as increasing with decreasing locus of control of the exposed person. For example, infants were identified as being more at risk of ETS due to their inability to remove themselves from the exposure. The primary source of information regarding ETS was diffuse: individuals, doctor's offices, and general media. No specific source of ETS information was identified.

Attitudes

Attitudes of participants include those toward ETS as a risk factor for health effects, with specific regard to the role of science and the media, towards smokers and non-smokers (by each category), segregation of smokers from non-smokers, efforts to reduce ETS, and to enforce regulations regarding ETS.

Characterizing the attitudes of participants is essential in developing media to which residents will be receptive, particularly since there has been little ETS-specific media that has made a deep or lasting impression on Louisianans as evidenced by this study. It is also a key element in deciding upon ETS reducing legislation that will be acceptable to voters.

Skepticism

Despite the belief that ETS presents health risks as above (see *Knowledge* section), many (including some of those who knew about ETS dangers) were skeptical of the science behind this information. Skepticism and cynicism about the media were seen in several ways by smokers and non-smokers alike. Statistics were frequently seen as being able to manipulate the truth and present any desired reality. Several participants felt that because smoking is legal it is *de facto* proof that it is not that harmful, thus ETS cannot be harmful either.

Public health in general was not seen as necessarily trustworthy either, although certain types of people (physicians, reputable institutions) were viewed as reliable sources of information, provided there is no obvious link between the studies being discussed and tobacco companies. Both the problem of other adverse health exposures such as pollution and also contradictory public health information were distressing to several participants.

Table 7. Skepticism regarding risks of ETS

Type of skepticism	**Text**
Disbelief in methods; lack of "proof"; legality of substance *de facto* proof of its safety	"Has it actually been proven in causing lung cancer?" "I haven't seen the facts enough and I don't know what it will take for me to believe that, but I'm not at that point yet." "I mean if it was that bad for a person to smoke, they shouldn't even produce it." "Different people are different. You could take one person who smokes for 50 years and wouldn't get lung cancer. Somebody else can smoke one cigarette and get lung cancer. If government can prove that lung cancer comes from smoking cigarettes, that would be banned just like cocaine."
Contradictory personal experience	"I had my son, I quit while I was pregnant. He's never had a cold in his life, doesn't have asthma. I had him and [then] smoked. I said "If I don't have a cigarette right now, I'm gonna kill you" and he's lived with me all his life and never been sick. I really think it's individual people. My sister did

	not smoke, never smoked, and her son has asthma."
Change due to time, not due to increasing harm; media propagation of risks	"Second hand smoke is something that they just brought forth not so long ago." "…What's happening today is very different than what was happening 15 or 20 years ago. Twenty years ago, we were allowed to smoke at our desk, and it wasn't offensive to anyone, and if it was, nobody ever said anything. It was just normal. People have changed over the course of the years. Society has changed about the way that they view cigarettes. Is it a media generated change or not? I think part of it is, because the media has made a big deal about how bad cigarettes are for you." "Because people may think that whoever's paying for the commercial has an agenda, so to bolster their agenda, they're throwing these figures at us and we just have to accept them without any background as to how they came to determine these figures. That would be one of my thoughts."
Lying with statistics	"Statistics can be made up about anything that you want." "There has been so much lying and manipulation of statistics, that people don't really trust, they don't know what to believe any more. I don't. I'm still at that point where I'm not necessarily convinced that second[hand] smoke will kill you." "You can make statistics lie; you can get numbers to show just about anything."
Public health not trustworthy	"I think people would think that every week they come out with something. Either you're not supposed to drink Coke or so many cups of coffee or tea. You're not supposed to eat so many eggs this week. This might be this week's special, well second hand smoke is not the thing for you to do, and then later on say "Well it really doesn't affect you or you can eat more eggs this week." They do it so much and after while you don't really listen." "I never cared about second hand smoke. It never bothered me at all. I figure, if you can stand on the street corner and breathe in diesel fuel, car fumes, truck fumes. Okay, second hand smoke is to me the biggest non-issue. I think this whole thing about having smoke-free areas and

	chasing people out, I'm not feeling that. I know that's the big hysteria of the moment, but there's a whole lot of poisons in the air that no one is getting at. And what about people wanting to legalize marijuana? I suppose that's second hand smoke and that would be accepted." "Second hand smoke is no better than chemical plants. If you breathe bad air you breathe bad air. Never heard of anyone dying from second hand smoke. Even when you're smoking and the person doesn't smoke at all, they either back away from you or get far away from you. But then a couple of miles up the road there's a chemical plant."

Regulation and enforcement

When asked about where people should be allowed to smoke, almost all participants agreed that smoking outside and in one's own home and car should be allowed. Other than that, however, most agreed that it should be regulated: When asked about where smoking should be regulated, non-smokers were not necessarily interested in ostracizing smokers, though they voiced upset at the smokers congregating around entrances/exits of buildings and believed that to be a good place to enforce non-smoking regulations. Most smokers did not mind being asked to go elsewhere outside to smoke, though prohibiting smoking outside was seen as extreme.

Inside areas where one cannot remove oneself and those areas around food and small children were perceived as the greatest problem for non-smokers. ETS was perceived as a problem by at least some participants in all places except for bars and outside, where there was a consensus that smoking should be permitted. Outside most smokers and non-smokers alike felt that ETS was not a problem due to dissipation of the smoke and also the ability to remove oneself from it.

Bars were felt to be places that people should be allowed to smoke: people who do not like it do not have to go there. However, the example of bars is an interesting one: the frequency and permissibility of smoking seemed due not only to the fact of the "majority" dictating the rules in the establishment, but also that bars are places of vice where one should be allowed to smoke. This was especially true for smokers, although non-smokers also voiced the feeling that smokers should at least be allowed to smoke somewhere decent, either in bars, outside in a pleasant climate, or in an uncrowded room.

As much as bars were seen as a legitimate place to smoke despite heavy ETS, restaurants were a significant source of conflict between smokers and non-

smokers. This was the primary arena in which the issue of "rights" came up. Smokers and non-smokers both felt often-prejudiced against: waiting for the right table (e.g., smoking for a smoker) left a sour feeling among many smokers. Non-smokers resented the infiltration of cigarette smoke into their dining experience, while smokers felt that they deserve to smoke if they, too, are paying for a meal. Both smokers and non-smokers agreed, however, on the ineffectiveness of dividing smoking and non-smoking sections with an invisible line: smoke knows no boundaries and so to separate areas in a restaurant was felt to make little sense and not to be a good approach to reductions in ETS.

There were differences in how participants felt that existing regulations should be enforced, and no one consensus was reached. The selected enforcement agent was associated with the type of situation encountered (e.g., smoker not willing to stop smoking) more than the location of the situation (e.g., work). Enforcement ideas ranged from individuals, managers, supervisors, police, city, health department and doctors, the tobacco industry, to federal government.

Table 8. Regulation and enforcement of ETS

Topic	Text
Regulation and ETS in bars	"I am sure it affects people comfort and in most places you can say, "Don't smoke," but in a bar you can't. It is kinda hard to say no smoking in a bar. Drinking is just as bad for you as cigarettes" "Doesn't bother me, it's a sinful place [bars], you know what you're going in and you're getting there. Drinking, smoking, all the vices." "It is a place where you have vices [bars]." "See, it all depends on who's in the majority. Coffee houses and bars, smokers win, but if you go anywhere else, it's the non-smokers." "And when I go to bars where there is smoking that overwhelms me, I just get up and leave because it is not my prerogative to tell someone else that they can't smoke." "As long as they get rid of their butts in the proper manner. And don't leave them around just to pollute the ground or make a mess. Outside is where I think people should smoke."
Regulation and ETS in restaurants; fairness;	"We went to *[local upscale chain restaurant]* and waited an hour and a half for a smoking table. I went to *[another local upscale chain restaurant]* and last night and sat down immediately… I asked for non-smoking. In that sense, it is

segregation of smokers from non-smokers	not fair. They should make it equitable. If you have more smokers that patronize your restaurant than non-smokers, then you need to let go of some of the non-smoking tables and move them into the smoking area. Because the smoker nonetheless pays the price, whether it's your taxes, the cost of the cigarettes or your time. You're always frowned upon." "I feel like it's discriminating, because I'm a smoker and I come to your place for service, and I'm paying to come to your facility, and I can't smoke?" "It's getting a lot harder for me to find a table for non-smoking, because more and more people are asking for non-smoking sections, and if you want to wait an hour or so for a table you are going to have to wait for that. So one day I got one in a Chinese restaurant in a smoking section and I couldn't believe how bad it was, I mean I just couldn't enjoy my food, there's people who kept smoking the entire time during their meals." "They got a non-smoking area but it is still in when you're eating. That cigarette smoke, it just kills your appetite. I don't want to eat once someone lights a cigarette. It really gets me." "If I'm in a restaurant and that there's a smoking and a non-smoking section, I don't know how you can separate the two, because you know the air is going to circulate. I would find that if I'm about to be seated I'll say no I don't want to sit here, so I find that it's an inconvenience....sit so that I'll comfortable." "In restaurants, it's amazing to me that they have a smoking and non-smoking section [Others laugh]. It's like two tables down."
Regulation in other public places	"But I think there are places where you can put restrictions, like in front of office buildings where people constantly have to come in and out, maybe they should provide another area for smokers to go instead of at the entrance." "I wish they'd put them all around the side of the building instead of in front. It looks terrible. First off, we are a public health building, to have smokers all outside." "I don't feel the need to smoke around people. I don't think

	that you should be able to smoke on planes or in movie theaters. One thing that did annoy me is that at my former university, there were places outside that we were not allowed to smoke, and I thought that was just ridiculous. I think that was just pushing it a little far…"
Banning smoking in all or certain public places (where should it be banned)	"It would basically say that the consumption of tobacco substances cannot be allowed in any public place that would endanger any citizen, period. I don't like infringing upon personal choices, but while it cannot outlaw personal choices of people, it can give them the information. But it has the right to outlaw that personal choice's impact on other folk, so if you smoke, smoking should only be allowed in private spaces of a smoker." "I think there are obvious places [where smoking should not be allowed], movie theater, if everyone else were willing to do so I'd not smoke in restaurants. I'd eat my dinner, pay my tab, and go outside and have a cigarette." "Not in hospitals, nursery, where kids are." "Daycare, hospitals, schools… Airport, gas station, airplanes…" "I want to say public places, but not all public places. I think smokers should have equal access to the space."
Creation of designated smoking areas	"They should build those special areas for them with ventilation to take that smoke to filter it out through some other device than our lungs. Really designated smoking areas with a ventilation system that is for filtering out smoke and making it safe." "They really should have a designated smoking area outside away from the entrances." *Negative aspects of creation of designated smoking areas* "It's [small enclosed smoking-only rooms at airports] horrible, because if you look at the ceiling, it's all black, all smoky." "Not to mention you're forced to go outside in 23 degree weather because you can't smoke indoors."

	"It would be freezing cold....in Pittsburg, it would be like below zero and people would be out there." *Positive aspects of creation of designated smoking areas* "I think realistically speaking it would be nice if they had an outdoor area in a bar so that people can choose, and the climate is nice enough down here. It's not like it's a cold place and people could go outside, and you would have to smoke outside. That way it's not trapped in here." "When I was allowed to smoke at my desk, I smoked three packs of cigarettes a day. This is actually a better situation that I'm not allowed to smoke in my office at my desk, I smoke less, but I won't stop smoking."
Who should enforce regulations	*Individual (see also* Behaviors *section) and local agencies* "Anybody around that person has a right to say "OK look buddy", I mean say it in a nice way: "Excuse me, there's a sign" and then, after a while, call security, call the governing body." *Local or most proximal agencies* "It should fall on the health department…." "Manager or security." "Write a ticket. Should be handled by a law officer." "Local government. At least you can talk to your local councilman as far as zoning changes. " "I would say very local government, whatever's closest to you. The federal government, a million miles away." "I would say start at the local level first and then work through the senate and house of representatives and that's it." *Federal* "I think the government should outlaw smoking." "There is nothing that I think that this state [Louisiana]

	would legislate that would be in the interest of me and my [African-American] community. So whatever they legislate, I guarantee, in some kind of way, it would have a much more serious impact on the African-American community." "I think the African American community sees the federal government as one being a lot more responsive to us, than the state government. I think you'll find that particularly throughout the south, because it's historically been a fact." *Others* "Doctors." "Tobacco producers, the cigarette producers. Not the tobacco growers, the people that make the cigarettes, package them and sell them over the counter."

Banning cigarette smoking: California as an example

Banning cigarette smoking from the majority of places was brought up by participants frequently, most often in the context of recent California legislation. Each focus group unprompted raised the issue of anti-smoking legislation in California. While several thought that such laws would be a positive change for Louisiana, others did not.

Table 9. Attitudes regarding smoking bans

Attitude	Text
Pro-smoking bans	"I would not be against, if a law was passed here like it is in California."
Anti-smoking bans	"[If we outlaw cigarettes, it will be like] prohibition. And it didn't work, did it. They will have smoking-easies." "More big government. No. No. I would say no. Too many laws." "Every time you make another law, the government camel's nose is a little bit further under the tent. And I think it is just too much an intrusion on our peoples' rights." "…in California where you can't smoke in public, you have to go home. That's a little too much like Nazi Germany, we noticed, but when we moved here to New Orleans. It's not

	about being lax with the laws, it's just plain freedom." "California is where here they have all the laws and it [has] got smog and gasoline emissions and smoke and what not. And who has the worst air in the world, California? And all those laws are not doing a bit of difference." "I don't allow smoking in my home. And when I go to bars where there is smoking that overwhelms me, I just get up and leave because it is not my prerogative to tell someone else that they can't smoke. I don't believe in the laws that they have in California." "I just came back from California. You can't smoke in a bar or a restaurant. You can't smoke outside, if there are people in your area. That's just a Martial law, and they enforce it. Here, I don't honestly think that our laws are bad. No, we can't smoke in the workplace. We can smoke outside. There are still restaurants that you can smoke in, and there are restaurants you can't."

Summary of Attitude findings

Participants voiced strong attitudes regarding ETS. Many were not wholeheartedly convinced of ETS as a health risk and felt that the media, statistics, and/or public health at large could be responsible for the "creation" of ETS as a risk factor for health effects. This has direct bearing on the ways in which we should communicate them to the public. There was some, but not a great deal, of tension between smokers and non-smokers with respect to ETS, particularly in eating establishments: smokers feel they deserve the right to smoke if they are paying for a meal, while non-smokers feel they deserve the right to eat in a smoke-free environment. Bars, however, were viewed by smokers and non-smokers alike as a place in which smoking should not be regulated. While most participants believed that some regulation of smoking in public places is reasonable, almost no one was in favor of legislation banning smoking in public places, such as that in California. Enforcement was viewed as the duty of everyone from the individual, to the local health department, physicians, managers and security personnel, to the local government, to the federal government.

Perceptions

Perceptions include the ways smokers and non-smokers view issues related to either smoking or ETS, including the smokers and non-smokers themselves and

their own personal experiences with ETS. This information provides us with an understanding of how smokers and non-smokers perceive ETS and also each other, which can be incorporated into a media strategy to reduce ETS in the future.

Compassion and criticism: how non-smokers view smokers

Smokers and non-smokers both (and in many cases more the latter than the former) expressed sympathy and understanding for smokers, both on account of the addiction to cigarettes and the conditions in which they are often forced to smoke. In addition, the issue of stress came up in the context of the belief that smoking is a less harmful vice than other things which might be used (e.g., drugs) as displayed in Table 11. To many participants, the severity of the addiction to tobacco made segregation of smokers seem a harsh punishment. This compassion was accompanied, however, by an oft-unfavorable characterization of smokers and their personalities as well as a sense that smokers are being persecuted by non-smokers and society in general. This was accompanied by a sense of injustice: people with the least money and the most stress, on whom the sales taxes are the greatest financial burden, and for whom anti-smoking aids are inaccessible, are the most persecuted by regulations.

Table 10. Smoker and non-smoker perceptions of smokers

Compassion for smokers	Criticism of smokers	Smokers' feelir society/
"It is an addiction that's harder to get over than heroin."	"Smokers sometimes are messy. Show me a slob and I'll show you a possible smoker."	"As a smoker I try people who don't s time I personally fe
"It's an addiction, it's very difficult for them to break it. They'll break a lot of rules to deal with that addiction. "	"And I still believe, and I know that some smokers have no respect, no regard to nonsmokers, especially children."	zealousness in Am smoking and I feel people do more pc themselves with th
"Addiction is part of it. The inability to release that addiction has to do with the stress of everyday life."	"Yeah, I've walked into peoples' houses, and before you get onto the porch you can smell the stale cigarettes. And I say, do you know your house stinks? You need to do something about it. It's a	than if they are sm Smokers stressing smokers. I believe itself can be just as than smoking and
"I smoke because it's a de-stressor for me. When I go home and get that one cigarette at the end of the day, some people get a big glass of wine, I get a cigarette. "	shame, you're killing your children with this smoke. Do you really love your children? Please, give me a break."	have been to other Africa and whatnot zealot attitude that beginning to have
"I feel that people often times people do more possible damage to themselves with the stress of not smoking than if they are smokers themselves."	"I think that's the number one problem you have with smokers in general: they don't care. They have a disregard and a disrespect for other peoples' property and other peoples' space. I think that kind of goes hand in hand with their being cool,	smoke" or anti-smo that's one of the th living in New Orlea place where you ca restaurants, where bar."
"With three kids and getting them	the kind of arrogance that says I really don't care what you think, I'm going to do this regardless unless you confront me and say I don't want you to smoke. Go to	"Smokers are lepe "Car exhaust. They breathe that in. So

ready to go to school in the morning, I need a cigarette just to calm my nerves down. And like I keep trying to remind my children, I am on Prozac and Prozac only goes so far."	a bar and see all the cigarette burns on the furniture from people letting their cigarettes burn fast."	inform people abou they should inform exhaust." "They don't put a v saying, 'Warning, i dioxide'." "They [cigarettes] a argue that point at 20 years ago to wh you're looked upor look at you like a fr the audacity to sm excuse me!" "Because I'm begi to stop smoking, I smoking. Because patches are more t cigarettes." "A lot of people are smoking cause so against it. But then going to need a lot smoking. So I was patches, I only hav money to spend, a $39 and $44 dollar cigarettes is $22. S

—Intentionally blank—	**—Intentionally blank—**	one or the other. S the cigarettes were patches, I would g smoking." "Yes. What will ha restaurants will ba They won't encour They'll ban smokin probably get more middle class peopl wine, while me and beer. Those peopl up spending more they'll give them fi pushed right out." "And what's interes has been outlawed Canada and other to third world coun message, and it ha amount of smoking Malaysia, in the thi in Africa. In the cou the increase in sm was 15 or 20 years young people, we'r out 10, 11 years ol We're already dev

—Intentionally blank—	**—Intentionally blank—**	problem in these th really we're going t

Becoming a non-smoker: changes in perceptions of ETS following smoking cessation or removal from an environment with high ETS exposure

Several participants recognized changes when moving from a smoking to a non-smoking environment or changing from a smoker to a non-smoker (and/or back):

> "You know, I never noticed that until I stopped smoking. And then I realized, "My God, people could smell that smoke on me like that!"
>
> "I noticed that 5 year period when I had quit, I would be driving on the service streets in town, and there would be a car in front of me smoking and I could smell the smoke, but I don't smell that now that I smoke again."
>
> "I smoked for 20 or more years, and then I quit. Although I wasn't a heavy smoker, I think I was a pack a day and then it go to be half a pack. With the smoking afterwards, I associated it with the sense pleasures, of the eating, the drinking, the social activities, and I associated it with the pleasure things. That's when I was tempted the most. And I didn't notice when I was smoking how it stunk, and I didn't notice when I wasn't smoking and I was around other people it was still affecting me...."
>
> "I didn't realize how bad it smelled until I quit. The house itself, but my sister has real bad allergies. She can't be around smoke, she's like PERSON 1. But she came out and for probably two hours she just sneezed and sneezed and sneezed. I had never never had smelled anything like that before.... The walls were yellow from all the tar and stuff."
>
> "I think in family environments, because both of my parents smoked, always have smoked since forever, you accept it, I mean that was it, they just smoked, and it didn't bother me, I didn't think about it. But then when I moved out, I can't stand it. "
>
> "Yeah, the times that I had quit, you're more sensitive to it. Somebody can walk in a room and you know that they're a smoker."

Summary of Perception findings

Participants voiced considerable compassion for smokers and their addiction to cigarettes, recognizing the enormous drive to smoke and the difficulties with smoking cessation. Simultaneously, non-smokers sometimes did have criticisms of the personality traits of smokers, characterizing them unfavorably in relation to their smoking habit. Not surprisingly, smokers articulated a feeling of persecution

by both non-smokers and society at large. Combined with this was a sense of injustice to people with the fewest economic resources: those people were felt to have the greatest stress and most need cigarettes as stress-relievers, to have the fewest resources to purchase smoking cessation aids, and to bear the biggest cigarette sales tax burden. This extended globally as well, with the frequent comment that decreases in cigarette consumption in the United States is compensated for in developing nations without the safeguards of public health.

Behaviors

Behaviors refer to behaviors undertaken by smokers to reduce the ETS to which they are exposing others or for non-smokers to reduce their own ETS exposure. Learning how people handle ETS by themselves will assist us in finding out which behaviors are effective and thus advisable and which are not.

Three categories of behaviors were identified as means by which non-smokers reduce their exposure to ETS: avoidance, assistance, and direction action. Avoidance is when the non-smoker decides to not go to or leave a place with ETS. Assistance is when help is enlisted in getting the smoker to remove himself from the proximity of the non-smoker. Direct action is when the non-smoker asks the smoker directly (using verbal or non-verbal cues) to stop smoking. Barriers to these behaviors include fear and not wanting to feel uncomfortable; facilitators include reciprocally respectful behavior towards the smoker and the non-smoker. Barriers for smokers to reduce ETS include the feeling of being viewed negatively and discourteous behavior from non-smokers; facilitators include respectful behavior on the part of non-smokers and increased knowledge about the risks of ETS.

The relationship between respect and the sense of control emerged as a strong theme in all the focus groups. For non-smokers, when they feel in control of their ability to reduce their own ETS exposure, respectful behavior towards the smoker resulted. However, as their sense of control diminished, their behavior became less respectful. Given that smokers indicate courtesy and respect in the behavior of non-smokers as key elements in their decision to stop smoking or to move their smoking, this is essential to understand. Figure 2 depicts this relationship.

Figure 2. The relationship between sense of control and respectful behavior among non-smokers, and resulting behaviors

	Increased ↑ respect	**Decreased ↓ respect**
Increased ↑ control	**Behaviors** ▪ ask politely to "take it outside" ▪ collaborate with smoker to reduce ETS ▪ explain medical needs to smoker with expectation of ETS reduction to follow	**Behaviors** ▪ demanding to "take it outside" ▪ failure to recognize needs/rights of smokers in actions
Decreased ↓ control	**Behaviors** ▪ asking others to assist in reduction of ETS ▪ inoffensive non-verbal cues	**Behaviors** ▪ pretending to gag, cough, wave smoke out of face ▪ backhanded comments ▪ rude behavior

*Shaded area indicates resulting behaviors of non-smokers

Table 11. Smoker and non-smoker behaviors to reduce ETS

Avoidance	Assistance	Dir
"It really doesn't bother me, I can just stay away from the areas that do allow smoking." "If the friends are good enough friends, they can leave the environment where the smokers are smoking." "There have been times when I have moved on the other from chair to chair to get away from the smoke blowing my way." "As much as I hate it. I would never tell people that [ask to move]" "If I got the courage and if I was an assertive person, which I am not, I would say 'I really don't like being around it, I cannot stand the way it smells, it burns my eyes, my nose starts running. Could you just please not do it the limited time that we are together? I would really appreciate it.' That is what I would say. But I don't have the courage to speak up to people; I just sort of back down and say okay well its your thing and I want	"Like if I was in a restaurant, you can go to the manager…" "Because you don't know what kind of reaction you are going to get . Some people might oblige, some people might argue, so you don't know what the outcome is going to be. So you are more careful about it. Now I have made some maybe indirect competition.... like I won't sit here because I won't be able to enjoy my meal with this smoke around me, and I won't say it directly to the person. I'll say it to the wait staff, so that, I want to get the point across. But I wouldn't tell that person because I don't know what that person might do. So just for safety reasons, I would do that."	"My older sister had gone into a were very close and we had gon who was smokin and say "Look s you mind puttin that case, peopl will put it out, es pregnant, becau risks of environ "'Excuse me, the hospital. Let me is the smoking s denigrating the them feel like sn smokers make not too good so "I wear the little house. I'm alway air freshener spr "Like in a restau embarrasses me and gagging…'I smoke.'"

to be in your company and I don't want to be the nerd. [Laughs.] So that is the way I have been treating the situation."	**—Intentionally blank—**	"They're fanning saying 'stop this Smokers freque smoking would b around them or request to stop s "'Would you min have a problem "And there are s if they're smokin you mind if I sm smoking and tall it out of your wa is considerate." "So if I am in an like this and you smoking, tell me really don't mind 'Stop smoking.'" "Oh my god, tha that out and go

Barriers and facilitators to smokers taking action

Respect and courtesy were concepts that arose frequently in the discussion about behaviors to reduce ETS. Smokers felt that they respected the rights of non-smokers and were happy to stop smoking or leave the area if asked with respect and courtesy; thus, respect facilitated behaviors which reduce ETS. Failure to act with respect was a barrier to action and likely to result in resentment and/or the decision *not* reduce ETS.

Table 12. Barriers and facilitators to smoker actions to reduce ETS

Barriers	**Facilitators**
"Maybe you could teach non-smokers how to ask smokers politely. Common courtesy, thank you very much." [In response to non-smokers asking without respect and with hostility towards smokers.] "The bottom like is "Would you please not smoke in my car. "It's just a simple courtesy to someone that does something that happens to be offensive to other people and not denigrate the person that does smoke, saying for instance "Oh my God, would you quit, it stinks over here." [Motions waving hands and making faces.] "It makes me belligerent. It's insulting. That's totally uncalled for…for them to talk to you like that. Politeness gets you everywhere… But on the other hand I can also be a hypocrite and say I do understand where they are coming, but don't say it like that." [In response to non-smoker insulting smoker.]	"Ask me respectfully, say "would you mind not smoking," no problem. We could be at a bus stop, if you ask me properly, no problem, because there might be a day where I quit and I don't want to smell that smoke. For some people, they may be asthmatic, there might be for health reasons that they don't want to inhale the smoke." "A lot of what we are talking about here is common courtesy instead putting in laws." "Out of respect for my family I don't smoke… I don't like not smoking in my home." "If came to your home and there's no smoking allowed in your home, then I have to respect your house rules. I'm not going to go against your wishes. If anything I'll excuse myself and take me a walk."

Summary of Behaviors findings

Three categories of behaviors for non-smokers emerged: avoidance, assistance, and direct action. Avoidance refers to not going places where there is ETS or, once presented with ETS, leaving. Assistance is when help is enlisted in getting the smoker to remove himself from the proximity of the non-smoker. Direct action is when the non-smoker asks the smoker directly (using verbal or non-verbal cues) to stop smoking. Barriers to these behaviors include fear and not wanting to feel uncomfortable; facilitators include reciprocally respectful behavior towards the smoker and the non-smoker. Barriers for smokers to reduce ETS include the feeling of being viewed negatively and discourteous behavior from non-smokers; facilitators include respectful behavior on the part of non-smokers and increased knowledge about the risks of ETS. Media aimed at modeling avoidance, assistance, and direct action behaviors for non-smokers and increasing knowledge among smokers will be useful in reducing ETS.

The relationship between respect and the sense of control emerged as a strong theme in all the focus groups. For non-smokers, when they feel in control of their ability to reduce their own ETS exposure, respectful behavior towards the smoker resulted. However, as their sense of control diminished, their behavior became less respectful. Given that smokers indicate courtesy and respect in the behavior of non-smokers as key elements in their decision to stop smoking or to move their smoking, this is essential to understand.

Communication

Communication includes participant- and moderator-initiated discussions about how to best communicate what ETS is and its risks to Louisianans. Responses included not only types of media that might be useful, but also specific ideas for content. There were plentiful and creative ideas

Table 13. Modes and content of communication

Topic	Text
Media type	"Television. Everybody watches it. Everybody looks at it. Look at TV and listen to the radio." "Rap…Music industry. " "Put it on the computer. Everybody go online these days." "The internet." "Also in the movies, in the trailers before you have the main

	feature come up for the films and the kids are there. Have 'second hand smoke is bad for you.'" "School posters." "Subliminal advertising." "You should drop fliers from a plane. Cover all avenues." "We should also get the entertainment industry people, a lot of the younger folks listen to: the rappers, the pop artists. They have a lot of influence." "Repetition. You can't have a spot here and a spot there. Repetition." "I think the campaign to be successful ultimately is going to have to be a gradual, it's not going to happen over night, I don't believe." "You need a multi media campaign in which you would utilize not only print but also seminars, workshops, presentations, personal counseling, all of the others. Sort of a mass media: powerful, it would need to be combined with any other campaign that the manufacturers put out. They have billions of dollars to do that, to keep the cures going."
Source of information	"Local television and local people. And not politicians." "I think that is a doctor or a nurse, somebody who knows the facts." "It has to be real doctor, Dr. Joe Blow from *[named university medical center]* says. Here is what he says….not an actor playing the part. Not some pretty boy. Someone you really believe." "They have to be a reliable source, otherwise they won't be effective." "Not the tobacco industry." "American Cancer Society."
Specific message content	*Health effects of ETS* "For me, it is telling them about the second hand smoke.

	Trying to reach them…if you don't care about yourself care about me. Give a little respect. Bring up the health issue." "The damage it does to other people. I really think that ought to be specified. It is life threatening." "Well I seen a commercial on television that the man was talking about how wonderful his wife was and how he wouldn't stop smoking and how she died of cancer caused by second hand smoke. That had a powerful impact on me. But I don't think they would ever put this on TV but when I worked in a treatment center we had a poster on the wall with the woman's face all horrible black, yuck, sores, and it said "If you look like on the outside what you look like on the inside from smoking, you'd think twice about lighting up. Something like that on TV would definitely punch someone in the stomach." "I would like to have some information, some biochemical information concerning the danger of second hand smoke. I'd also like to have some information about what we don't know about smoke and also telling are they able to or if their bodies are sensitive enough to become addicted to the nicotine at whatever level they may be at…" "It controls the way you breathe, and it will kill you." "That it [ETS] will kill you." "I think they should be given actual research findings. You hear a lot of things that are said, but I don't know if they have any validity to them or not. I wouldn't doubt if they say second hand smoke is harmful. I would accept that. But the degree of how harmful it is and whether the toxins are in second hand smoke, I think that by educating people and giving them specifics as opposed to just general statements like "It's not good for you." Well French fries aren't good for you either but I still eat them. So I think education being more specific and having it based on studies. Sometimes I am sure smokers feel there's a prejudice that there's like a campaign against smokers, and they're in denial already because they're sucking on these things, and so they just don't buy it. So I think that by giving special information, that would help." "If you ever have the money you should do a study about

	the men who can make love longer than men who smoke, and use them in your advertisements." "They'll probably never air this, but imagine an ad where a child is being abused by his parents…if you wouldn't beat your child like this, why are you smoking around them, it's the same thing." *Non-health effects of ETS* "Some of the social aspects. Even if it's not injurious to someone else, if they're offended by the smell, if it affects the smell of their clothes. There are a lot of things that are obvious, and if I'm a caring person, I don't want to offend you by smelling up your clothes and your hair. That again would tie in with the social aspect. Even people who don't believe that it's harmful might readily agree that it's offensive. Bad manners." "They used to glamorize smoking. If they took the opposite and people were talking behind their backs [talks about smell] and then they'd think 'Gee, are people saying that about me?'" *Respect* "I said look 'I respect you. If you want to smoke go ahead and smoke. All I ask is don't do it around me.'" "I am a non-smoker and again, here comes respect, if you can't respect my wishes that I would like to keep my health in good health. It boils down to the health problem." *Recommended behaviors* "If they're around smokers, they have to move to another area." "Make sure they put educational facts into it. Because some people need things in black and white. And you tell them it's got this and that and this is what it does to you. It doesn't have to be a big go around a loop and make a message. Just give me the facts." *Adaptations of the Truth campaign* [The "Truth" ad campaign was mentioned repeatedly, and appeared to have made a large impression on participants. These were suggested adaptations of the Truth campaign to address ETS.]

	"I think stuff like that [just giving out numbers] are just stats. The new truth commercial I just saw a couple days ago. They put out a bunch of babies, like moving baby machines. And they put them out in a square...If you were to X number of babies dies of SIDS every year and actually quantify that visually for people. That made far more of an impression on me than the other ones." "The body bags for example. I feel like numbers do not mean that much unless you have some crazily ridiculous astronomical number. It is hard for people to visualize 1900 or 2600 or something. If you put a small number out say something like this one person will contract cancer from second hand smoke out of a group of ten or twenty that is a stronger statement than saying 3000 people will die from lung cancer from second hand smoke. You cannot visualize that number." "[In the ad…] They were just piling bags on top of each other. One body bag to represent each person that died in a year from smoking. And they just kept throwing and throwing and throwing...that sticks in my memory. I cannot tell you what the number was but it stuck in my mind. It was visually significant." "All their ads are... I mean they stick out in my memory. They are pretty morbid. Personally, I don't like them but they are really informative. They use primarily use facts about deaths and what goes into cigarettes and they don't use any gimmick other than 'by the way...duh.' It is effective I guess." When asked, "how do you think people would respond if these numbers that I've just quoted here appeared in a TV campaign? "Probably wouldn't pay much attention to it." "I don't think the raw numbers like that, they'd just dismiss it and go 'there they go again.'" "What would be meaningful to me is if you had something like "5,000 children died of SIDS last year and of those, 3,000 had parents that both smoked, maybe 1,000 had one parent that smoked, and 1,000 had neither parent smoke,

	then I could see a clear relationship in my mind that if both parents smoked, you get a higher incidence, and then I could draw my own conclusion."

Summary of Communication findings

Participants felt very strongly that increased information regarding the health effects of ETS needs to be disseminated. This should be done in one of two ways: either by a reliable, respectable medical or scientific source (actual, not an actor) who describes studies and data in a truthful and easy-to-understand way or through a campaign modeled on the Truth campaigns. Respect was also a repeated theme; behaviors which model mutual respect may be more effective at teaching smokers to reduce ETS and non-smokers to take direct action towards its reduction than a more hostile or confrontational approach.

Key findings

- There are considerable knowledge deficits regarding the health effects of ETS. Participants were not facile with the effects of ETS found in the literature, even in focus groups conducted in health care settings. There was an overarching sense that ETS is "bad" or "unhealthy" but specific knowledge was voiced with a lack of confidence. This is in stark contrast to the extensive knowledge about the health hazards of smoking itself.

- Participants did want to know about the effects, however, and suggested multiple media messages to communicate messages of the health effects as well as encouraging smoker and non-smoker behaviors to reduce ETS exposure.

- The perception that ETS smells bad, makes things "yellow", ruins things, stains teeth—even among smokers—was prominent. The aesthetic implications of ETS were taken quite seriously in addition to the health risks.

- Regulation of smoking was viewed as an acceptable method of reducing ETS. Having smokers smoke only in designated areas (when sufficiently large), outside, and on their private property only was acceptable to smokers and non-smokers alike. Many participants voiced the opinion that eating establishments with smoking and non-smoking sections are not effective due to the air traveling between sections. Legislation such as that in California banning indoor smoking was seen almost unanimously as being too harsh, however.

- When presented with statistics on the effects of ETS, many participants voiced surprise, and doubt. There was a repeated theme indicating that

public health people and media "inventing" ETS. This is in concert with a striking doubt of statistics and science and cynicism in general.

- There appears to be substantial compassion between smokers and non-smokers regarding their respective rights. Smokers appear to respect the non-smoker's need for (and right to breathe) clean air; non-smokers appear to respect the smoker's right to smoke (under certain circumstances) and the addictive nature of smoking. Civility and respect between the groups was a repeated theme. Hostility between the groups tends to emerge when diplomacy and respect of the other's situation are lacking. Thus, asking nicely to "take it outside" is more likely to be effective in reducing one's exposure to ETS than asking it with an accusatory nature.

- This is not to say that animosity between groups does not arise. When pushed to leave a designated smoking area or felt "judged" by non-smokers, smokers tend to invoke their right to smoke and remind others that they are frequently "persecuted" and looked upon as "freaks" in the society. In the presence of smokers who do not alter their behavior at the request of a non-smoker, the non-smoker may feel that their health is being compromised and that the aesthetic nature of the place they are (e.g., restaurant, work, business, etc.) is being spoiled.

Suggested media campaign

These findings suggest a media campaign with two components: knowledge—what ETS is and what its effects are—and behavior—how smokers and non-smokers can reduce ETS in their personal, recreational, and professional lives. Because there appears to be a relatively poor knowledge base about the effects of ETS, the first is necessary to lay the foundation for the second. First teach why ETS is unhealthy (and assist residents to believe it) and then teach behaviors to reduce ETS. The following emerged from the focus groups as potential effective media messages to reduce ETS:

Knowledge:

- Residents of Louisiana require increased knowledge about the health risks of ETS. While there is a general sense of the unhealthiness of ETS, it is blurred with that of primary smoking and non-specific. A media campaign outlining the specific health risks is needed.

- In addition to effects on all people, the vulnerability of children, elderly, and compromised individuals to ETS needs to be emphasized.

- Aesthetic results of ETS (e.g., yellowing of teeth, malodorous breath, etc.) may be effective at reducing ETS (and perhaps increasing primary

smoking cessation as well), provided they are not presented in a fashion denigrating to smokers or to those who live with smokers.

- Media campaigns must be reliable and communicated by knowledgeable medical and scientific personnel. There is a great distrust of information about ETS emerging from the public health community. Messages should be factual, without hyperbole, and without input from the tobacco industry. These media messages need to be reliable and without the appearance that statistical manipulation could have influenced the findings.

- Media campaigns for ETS following the "Truth" ad campaign are likely to be effective. Many participants were influenced by the "Truth" anti-smoking commercials.

Behavior:

- Media messages encouraging respectful collaboration between smokers and non-smokers at reducing ETS for everyone's benefit. Specific behaviors should be presented which would work in a variety of situations (e.g., family, friends, strangers, work).

- A "take it outside" campaign which models specific courteous behavior—rather than an aggressive one—to ask smokers to go outside may be effective. In addition, media messages containing reliable information regarding ETS may improve the public's understanding of and belief in the dangers of ETS.

- Efforts to ensure that no groups of people (e.g., lower income) are discriminated against. The media aimed at behaviors to reduce ETS should cover a range of socio-economic and cultural categories. Modeled behaviors must be culturally sensitive.

Appendices

A. Focus group guide
B. Demographic data collection instrument
C. Site locations
D. Summary of findings table (outline format)

Appendix A
Focus Group Guide

ETS Formative (***smokers only, partners of smokers only, and mix of both***)

(insert goal/purpose/issues/people/consent here)

1. Second hand smoke is the smoke that comes from cigarettes that other people are smoking. What have you heard about second hand smoke?
   Probe: What are other words for second-hand smoke?
   What does the term "Passive Smoking" mean to you?

2. How does this second hand smoke specifically affect people?
   Probe: How does it affect people's health?
   How does it affect people's comfort in a common or shared environment?

3. Are there specific groups of people – such as specific age groups, professions, etc, that you know of, are more affected by second hand smoke?

4. How does the second hand smoke compare to the smoke that smokers inhale themselves. Is there a difference? If so, what is it?

5. In what places do you usually notice second hand smoke the most?
   Probe: Think about where you live, work and socialize.
   What about when you travel?

6. What do non-smokers do when they are in a place where they are around smokers and they don't want to be around the smoke?
   Probe: What do you see non-smokers saying to change the situation?
   What do you see non-smokers doing to change the situation?

7. What would you suggest non-smokers do in a situation where they don't want to be around smoke?

8. Where do you think smokers should be allowed to smoke?

9. Where do you think smokers shouldn't be allowed to smoke?

10. In our discussion, we have talked a lot about second hand smoke and how it affects people. Which are the most important things that people should be told about second hand smoke?

11. Where have you learned or received most of your information about second hand smoke?
    Probe: Other people?
    The media (TV, newspaper, radio)?
    Community or health services?

12. What are the best ways to inform and educate people about the affects of second-hand smoke. That is, those things that you all mentioned during today's focus group. For example…

Added section

Intro:

- Here are some facts that show the strongest evidence of the problems that environmental tobacco smoke causes
- A lot of people have never heard of these problems

Statistics: (write these up on a piece of paper for people to see)

Children

- There are 1,900 – 2,600 SIDS (Sudden Infant Death Syndrome) deaths attributed to ETS each year
- Asthma
  - 8,000 – 26,000 new cases of asthma per year
  - 400,000 – 1,000,000 exacerbation's

Adults

- 3,000 deaths per year due to lung cancer

13. What do you think of these numbers? What do they mean to you? What do you think about the reliability of these numbers?

14. Have you heard that ETS causes these problems? Have you heard of other problems that ETS causes?

15. Would, and if so how, your behavior changed around smokers? In environments where you encounter second-hand smoke?

16. How do you think people would respond to these numbers in a TV campaign?

Probe: Would it strengthen the campaign?
Too much information?

17. Any other facts that would change your attitude or behavior around second-hand smoke?

Closing and Thank You

*** Provide participants with handouts with information on ETS.

Appendix B
Demographic Data Collection Form

Focus group date __ __/__ __/__ __ __ __
Location_____

Please complete this brief form before we start the focus group. These questions will let us know a little bit about you. You do not have to answer any of the questions that you do not want to answer. All information you provide is completely anonymous (your name will not be collected) and will not be disclosed to anyone.

1. Gender

- ❑ 0– female
- ❑ 1– male
- ❑ 88– I prefer not to say

2. How would you best define your current marital status?

- ❑ 0– single
- ❑ 1– married
- ❑ 2– divorced/separated
- ❑ 3– widowed
- ❑ 4– unmarried but living with partner, common law marriage
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

3. What race do you consider yourself?

- ❑ 0– white/Caucasian
- ❑ 1– black/African-American
- ❑ 2– Native American/Alaskan Native
- ❑ 3– Asian/Pacific Islander
- ❑ 5– multiracial
- ❑ 6– other, specify_____
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

4. Are you Hispanic?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

5. Where do you live right now?

- ❑ 1– in a house I own
- ❑ 2– in a house I rent
- ❑ 3– in an apartment I rent
- ❑ 4– in a family member's or friend's house or apartment
- ❑ 5– I'm homeless (including shelter, vehicle, street)
- ❑ 6– I'm living in a residential facility right now (including group home, drug treatment)
- ❑ 7– other, specify_____
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

6. How many people live with you? _____

7. How many children under 18 years old live with you? _____

8. Do you have a job right now?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

9. What is the highest grade you have completed in school?

- ❑ 0– kindergarten through 8th grade
- ❑ 1– some high school
- ❑ 2– I am a High school graduate
- ❑ 3– some college/trade school
- ❑ 4– I am a college/trade school graduate
- ❑ 5– some graduate school
- ❑ 6– I have a graduate degree, please indicate: _____
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

10. Have you ever smoked cigarettes?

- ❑ 0– no **(If no, skip to Question 15)**
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

If you have ever smoked cigarettes:

11. How many years have you or did you smoke?__ __

- ❑ 88– I prefer not to say
- ❑ 99– I don't know

12. Do you still smoke?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

13. How many cigarettes did you smoke yesterday?__ __ __

- ❑ 0– I don't smoke
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

14. Have you ever tried to quit smoking?

- ❑ 0– no
- ❑ 1– yes →→→→→→→→ **If yes, how many times? __ __ __**
  - ❑ 88– I prefer not to say
  - ❑ 99– I don't know
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

15. Do you live with a smoker?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

16. If you are a woman, are you pregnant?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

17. Do you work in the health care field?

- ❑ 0– no
- ❑ 1– yes
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

18. If you are a health care professional, what is your job title?

- ❑ 0– laboratory technician
- ❑ 1– dentist
- ❑ 2– dental assistant/hygienist
- ❑ 3– volunteer in hospital/clinic
- ❑ 4– health educator
- ❑ 5– nurse's aide
- ❑ 6– physician's aide
- ❑ 7– nurse, please indicate your degree _____
- ❑ 8– maintenance/janitorial
- ❑ 9– administrative
- ❑ 10– doctor
- ❑ 11– other, please specify _____
- ❑ 88– I prefer not to say
- ❑ 99– I don't know

Thank you for taking the time to answer these questions!
Please return this form to the focus group leader before leaving.

Appendix C
Site Locations

Acadiana Cares, Lafayette
BackStreet Cultural Museum, New Orleans
Louisiana State Office of Public Health, New Orleans
MetroHealth Educational Program, Baton Rouge
Mick's Pub, New Orleans
Slidell Memorial Hospital, Slidell
Southwest Louisiana AIDS Council, Lake Charles
St. Thomas Health Services, New Orleans
The Neighborhood Gallery, New Orleans
Tulane University School of Public Health and Tropical Medicine, New Orleans
Tulane University Student Health Services (Uptown), New Orleans
Vaughn's Lounge, New Orleans
West Ouachita Health Unit, Monroe

Appendix D. Summary of findings.

Primary concept	Secondary concept	Specific responses	Link to
Knowledge			
	What call it	Second hand smoke Not passive smoke	
	What participants know about ETS		Connection bet and perceptual knowledge bas doubt about sta
		Health effects to adults URI Asthma -exacerbations, cause Bronchitis Cancer Itchiness Blurry, watery eyes More dangerous than smoke itself	
		Health effects to children SIDS URI Asthma Prematurity (blur with smoking pregnant mom)	Doubt about sta
		Pregnant women	
		Behavioral modeling	
		Fire	

Primary concept	Secondary concept	Specific responses	Link to
	Source of knowledge		
		TV	
		Radio	
		Paper	
		“Media”	
		Other people	
			Doubt about sta
		Internet	that increase be
		Billboards	
		Legacy/truth ads	
		Doctors	
	Belief in what hear about ETS/doubt		
		Statistics	What would ov
		Cynicism about tobacco industry	
		Cynicism about public health	
			Where it should
Perceptions			actions, choices
		Individual homes	
		Cars	
		Groceries	
		Outside workplaces (congregations)	
		Bars	
		Restaurants	
		Busses, bustops	
		Trains	
		Stadiums	
		Workplaces	
		Bathrooms	

Primary concept	Secondary concept	Specific responses	Link to
			Still want degre smokers' feelin vs. smokers' fe
		Private residences	
		Private cars	
		Small rooms (pros and cons)	
		Stadiums/sports arenas	
		Outside	
		Private property	
Attitudes			
	About ETS		
		Perceptual (effects on environment)	
		Yellow teeth, curtains walls	
		Smells	
	About smokers		Family/quitting
		Bad	
		Shouldn't smoke	
		Addiction/out of control	
	About non-smokers		
		Make smokers feel like "freaks"	
	About places with smoke		Bars, restauran smoke, freedor breathe clean a
		Horrible smells	
		Walls	
	About segregation of smokers		Enforcement
		Small rooms for smokers; aesthetics; compassion	Compassion fo
		Horrible, condensed	

Primary concept	Secondary concept	Specific responses	Link to
		No air	
		Forces them to be outside in cold, out of society	
		In restaurants,	
		Not effective: air is everywhere	
		Dining/food	
		Waiting for tables; inequality both ways	
			Enforcement (w restricted to; dis legislation and bad than ETOH a solution, hard
	Legal elements		
	Where should be legally enforced		
		Groceries	
		Outside workplaces (congregations)	
		Bars	
		Restaurants	
		Busses, bustops	
		Trains	
		Stadiums	
		Workplaces	
		Bathrooms	
	Who should enforce		
		Managers	
		Individuals	
		Point to signs	
		Bosses	
		City	

Primary concept	Secondary concept	Specific responses	Link to
		State	
		Federal	
		Sheriffs	
		Tobacco industry	
			Addiction; wher
	Compassion		quit; family-spe
	For smokers		
		Addiction, powerful, they cannot help it	
		Out of control	
		Drives to smoke in closets, small areas	
		Why people smoke mental health break, stress)	
		Taxes, increased cost, effect on smokers (both perception of smokers and non-smokers)	
		Lower income people, more stress, more smoke, less money but need cigarettes more; inequity both coming and going (giving and taking away)	Social inequity
	Taxation, cost		
	Efforts to quit		
	For non smokers		
		Their rights to health, clean air	
		Not being force to eat (etc.) around ETS	
			Enforcement; le
	Rights		should/should r
		To smoke	

Primary concept	Secondary concept	Specific responses	Link to
		To breathe	
		Not always smokers/non-smokers same way; both in many people	
		Clean air	
		Legal substance	
Perceptions			
	Growing up around smoke		Effects on healt
		Becoming smoker	
		Not becoming smoker	
		Acclimation to smoky environment	
		Used to smoke until quit→changes after quit	
	Effects of living in smoky house		
		On babies, children, problems	Doubt about tru
		On others	
	Family members		Actions; childre
		Getting them to quit	
		Trying to change them/trying not to change them	
		-for their sake	
		-for non-smoker's sake	
		-for children's sake	
		Actions specific to family members	

Primary concept	Secondary concept	Specific responses	Link to
Communication	Recommended source	Reliable person, source	Doubt; actions;
		Not just numbers/statistics	
		Family actions	
		Doctors	
		Others	
		Media	Source of subje
		Internet	
		Radio	
		Paper	
		Other people	
		Glamour of movies, TV smoking	
	Concepts	Knowledge	
		Behaviors (specific modeling)	
Knowledge			Doubt; belief; re communicate; k
Behaviors			Family specific specific actions
		Go outside (ok/not ok)	
		Roll down window	
		Fan hand	
		Cough	
		Pregnancy—ask for sake of baby	
		Stay in (in smoking area)	
		Choice/in/out	
		Ask doctor to help	
		Ask family member to help	

Primary concept	Secondary concept	Specific responses	Link to
		Withhold contact (no talk, see, etc. unless stop) Ask nicely Ask meanly/assertively Respect/courtesy Point to signs	Enforcement
	Respect/courtesy: both one-on-one and in media messages In messages In actions Specific non-smoker to smoker Specific smoker to non-smoker Encouraging harmony while reducing animosity		Addiction/comp where smoke; s each